



TeenRecoverySolutions

Mission Academy High School Mission Peer Group

Peer Group Enrollment Checklist

Please complete and return all of the following forms to Teen Recovery Solutions.

- Family Contact Information
- Authorization to Treat Minor
- Consent for Drug Testing and Searches
- Photo Release
- Waiver of Liability

Family Contact Information

Client Name _____

Address (Street, City, State, Zip) _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Gender _____ Social Security Number _____

Schools attended since 9th grade _____

Guardian Name _____ Relationship to Client _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email _____

Address (Street, City, State, Zip) *if different from above* _____

Clinical Director, Ana Wilcox, M.S., LMFT
7101 North Classen Boulevard
Oklahoma City, OK 73116
awilcox@teenrecoveryolutions.org
405-843-9100



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Guardian Name

Relationship to Client

Home Phone

Cell Phone

Employer

Work Phone

Email

Address (Street, City, State, Zip) *if different from above*

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Authorization to Treat Minor Civil Code Section 25.8

I authorize school personnel to transport my child to a hospital or medical facility and further authorize and consent to any x-ray examination, anesthetic, medical diagnosis or treatment and hospital care deemed necessary by the licensed physician/surgeon/dentist.

Client Name

Parent/Guardian Signature

Date

Parent Phone

Doctor Name

Doctor Phone

Insurance

Insurance ID#

Sponsor Name

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Consent for Drug Testing and Searches

Clients are subject to random urinalysis testing at Teen Recovery Solutions/Mission Academy. Testing may take place at the school or at a drug testing facility.

Drug testing fees are included in monthly tuition. In the event that a client’s test needs to be submitted for further evaluation an additional fee will be billed to the responsible party. For example, a client who is suspect of drug use that does not show up on standard drug screens will be sent to a toxicology lab for further evaluation.

I, *(client's name)* _____, have received an explanation of Teen Recovery Solutions’ drug testing policy. I have had an opportunity to ask questions about this policy and I understand the requirements.

I understand that Teen Recovery Solutions/Mission Academy requires clients to submit to tests to be analyzed for the presence of unauthorized controlled substances and/or alcohol; that the presence of a detectable trace of any unauthorized controlled substance and/or alcohol is grounds for disciplinary action up to and including expulsion; and that my cooperation is voluntary, but that refusal to submit a specimen for testing is grounds for expulsion.

I understand and consent to searches as outlined in the Client/Parent handbook.

I agree to comply with the terms of both policies and am fully aware of the possible consequences that can result from noncompliance.

 Client Signature Date

 Guardian Signature Date

 Client *if over 18* Signature Date

 Staff Signature Date

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Photo/Video Release

I understand that Teen Recovery Solutions is a nonprofit organization and that use of photographs/video will be limited to educational and fundraising purposes.

I/we hereby give to Teen Recovery Solutions, its successors or assigns, the right to reproduce in any of its printed and online publications (such as newsletters, annual reports, websites, and social media posts) all pictures/video that it has produced of myself and/or my child(ren) in any or all poses, authorizing them to use all such pictures and duplicates thereof for its publicity purposes and dispose of them as they may see fit.

<hr/>	
Client Name	
<hr/>	
Guardian Name	Relationship to Client
<hr/>	
Guardian Name	Relationship to Client
<hr/>	
Other Family Member	Relationship to Client

<hr/>	
Client Signature	Date
<hr/>	
Guardian Signature	Date
<hr/>	
Client <i>if over 18</i> Signature	Date
<hr/>	
Staff Signature	Date

Questions should be directed to Director of Development, Maggie Brown
mbrown@teenrecoveryolutions.org 405-843-2402

Thank you.

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 7101 North Classen Boulevard
 Oklahoma City, OK 73116
awilcox@teenrecoveryolutions.org
 405-843-9100



Waiver of Liability, Assumption of Risk, Indemnity Agreement and Authorization to Seek Medical Treatment

Waiver: In consideration of being permitted to participate in any way in all activities, functions, retreats, hereinafter called “The Activities”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Board of Directors, officers, employees, and agents from liability from any and all claims including the negligence of The Board of Directors, officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activities.

 Client Signature

 Date

 Guardian Signature

 Date

 Guardian Signature

 Date

Assumption of Risks: Participation in The Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint of back injuries, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in The Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS the Board of Directors, officers, and employees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted



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by the law of the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Authorization to Provide/Seek Medical Treatment: As parent/guardian of a minor child, I/we hereby authorize the adult representatives of Teen Recovery Solutions to provide, seek and retain medical treatment during The Activities when such adult representatives believe, in good faith, that medical treatment is necessary. I/we also agree to be financially responsible for all expenses associated with the provision of medical treatment for my/our child.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, indemnity agreement and authorization to seek medical treatment and fully understand its terms, and recognize that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent of the law.

Client Signature

Date

Guardian Signature

Date

Guardian Signature

Date

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